

CDC in Malawi



The Centers for Disease Control and Prevention (CDC) has been working in Malawi (CDC Malawi) since 2001. CDC Malawi, the U.S. Government and local partners help the Malawi Ministry of Health (MoH) achieve national public health goals in a variety of ways, including training health workers and providing technical and financial assistance to improve surveillance systems, medical informatics, monitoring and evaluation, laboratories, care and treatment, and prevention efforts throughout the country. Malawi is known for having one of the most innovative and efficient HIV programs in the world, and CDC Malawi is proud to be a key contributor to supporting Malawi to achieve an AIDS-free generation.

HIV/AIDS

CDC Malawi provides technical assistance and programmatic support to local institutions, including the MOH and the National AIDS Commission, which oversees and actively manages Malawi's HIV response efforts.

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC Malawi helps to:

- Scale up comprehensive HIV services across a continuum of care, from prevention to treatment;
- Enhance access to and coordination of adult and pediatric HIV care and treatment;
- Expand the range and quality of services for preventing mother-to-child transmission (PMTCT);
- Strengthen integrated TB/HIV services;
- Support the expansion of a voluntary, low-risk blood donor pool nationally;
- Implement diversified models of HIV testing; and
- Provide voluntary medical male circumcision (VMMC) services

Pioneering the Use of Option B+

Option B+ offers all HIV-positive pregnant or breastfeeding women lifesaving antiretroviral treatment (ART) for their entire lives. Option B+ simplifies the ART regimen to one pill taken once a day, making it easier for the patient to take and easier to implement.

CDC has played a major role in implementing Option B+ in Malawi by assisting the Malawi MOH with funding for preparatory activities and training, providing technical expertise in PMTCT care, assisting with revisions to national policy and training activities, implementing a clinical mentoring program, and increasing national laboratory capacity for viral load reporting and early infant diagnostic testing.

Health Systems Improvements

CDC Malawi has scaled-up management and leadership programs that train new health care and laboratory professionals through the Malawi College of Medicine. Through this program, CDC Malawi has helped to improve processes in tuberculosis and HIV/AIDS work, and most recently, has trained District Health Management Teams to use program planning and management skills to effectively implement Malawi's Annual District Implementation Plans.

Staff

CDC office (physical presence)
8 U.S. Assignees
27 Locally Employed

At a Glance

Population: 17,174,000
Per capita income: US \$780
Life expectancy at birth
women/men: 62/60 yrs

Source: [Population Reference Bureau 2014: Malawi](#)

Top 10 Causes of Death

1. HIV/AIDS 27%
2. Lower respiratory infections 9%
3. Malaria 6%
4. Stroke 6%
5. Diarrheal Diseases 5%
6. Preterm Birth Complications 3%
7. Ischemic Heart Disease 3%
8. Birth Asphyxia & Trauma 3%
9. Maternal Conditions 2%
10. Protein-energy Malnutrition 2%

Source: [WHO Country Health Profiles 2012: Malawi](#)

In addition, CDC Malawi is supporting the strengthening of professional training colleges for nurse-midwives and other healthcare professionals, as well as providing scholarships that result in more than 500 new healthcare workers graduating from public and Christian Health Association of Malawi (CHAM) training colleges.

With CDC support, the Malawi MOH and partners are improving health facility efficiency and healthcare quality throughout the country by developing and maintaining a national Electronic Data System (EDS), a national patient identifier system, electronic patient cards, and a national HIV surveillance system and surveys.

CDC is also supporting the strengthening of laboratory services in Malawi by supporting in-service and pre-service training; institutionalizing quality assurance and quality control protocols, careful supervision, and management; and integrating overall laboratory diagnostics.

Malaria

CDC Malawi's malaria program receives support from the President's Malaria Initiative and primarily focuses on monitoring and evaluation of malaria interventions and operations research that guide policy and decision making in the country. CDC malaria control efforts consist of (1) studies to monitor drug efficacy of first- and second-line antimalarials, (2) technical guidance and support for population-based household and health-facility surveys and routine data collection for the National Malaria Control Program (NMCP), (3) entomological monitoring with the Malaria Alert Center for the entire indoor residual spraying (IRS) program in Malawi, and (4) evaluation of malaria in pregnancy to help guide policy on the use of intermittent preventive treatment in pregnancy (IPTp). Additional studies include adherence to the first-line regimen, evaluation of drug efficacy for IPTp, and insecticide-treated net longevity and durability.

CDC's Implementing Partners in Malawi

Leadership, Policy, and National Oversight: Ministry of Health (MOH), National Aids Commission (NAC)

Service Delivery: Ministry of Health (MOH), Christian Health Association of Malawi (CHAM), Lighthouse Trust

System Strengthening: Malawi Blood Transfusion Service, Baobab Health Trust, Malawi College of Medicine in partnership with UNC and LLU, Howard University, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Management Sciences for Health, United Nations Children's Fund

Human Resources for Health: Malawi College of Medicine; Christian Health Association of Malawi (CHAM); University of Washington (ITECH); Columbia University-Nursing Education Partnership Initiative (NEPI); College of Medicine, in partnership with UNC, University of Cape Town, and JHU on Medical Education Partnership Initiative (MEPI)

Impact in Malawi

- **686** public- and private-sector health facilities received HIV clinical supervision by **64** supervisors on **20** teams, using standard national M&E tools
- **88** sites had accumulatively registered more than **2,000** antiretroviral therapy (ART) patients. **37%** of these high-burden sites are using electronic data systems (EDS) for ART
- **493** health care workers are expected to graduate from pre-service training institutions, the majority being from the nurses' cadre, with **242** new nurse-midwives
- **443,221** HIV infected persons are alive and on ART as of June 2013
- **113,061** women in antenatal care (ANC) had their HIV status ascertained, 8% of which are HIV-positive. **108,861** women in maternity care had their HIV status ascertained, **8,285** of which are HIV-positive
- **300** staff (mainly Health Surveillance Assistants) at **52** facilities received mentoring for collecting dried blood samples for Early Infant Diagnosis (EID) and for documenting results
- **2,533** HIV Testing and Counseling (HTC) providers were re-trained using the HTC Skills Intensive Training curriculum

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